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48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL GARY PALMER FOR CONGRESS				
ADDRESS (number and street) 1919 Oxmoor Rd #235				
CITY, STATE, and ZIP CODE				
Homewood	AL 3520	19		
2. NAME OF CANDIDATE	3. OFFICE SOUGHT (State and District)		4. FEC IDENTIFICATIO	N NUMBER
Gary Palmer	House AL 06		C00551374	
5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING	YES, IT AMENDS THE	NOTICE FILED ON	/	/
A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount
Daniel Warren Thompson	None		day, year)	
			07/11/2014	1000.00
I White Oak Ln				
	Transaction ID : 66B81E4A13AD34E1			
Montevallo AL 35115-7866	Occupation			
	Retired		Data (manada	A
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month, day, year)	Amount
John Steven Hornsby	Welch Hornsby			
138 Main St			07/11/2014	1500.00
136 Main St	Transaction ID : 69	Transaction ID : 681E568C06EBA4FE		
	Occupation Occupation			
Mountain Brk AL 35213-2913	Investment Advisor			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount
Dr. Albert E Smith	Self Employed		day, year)	
Dr. Albert E Office			07/11/2014	1000.00
2409 Longleaf St			0171172011	1000.00
	Transaction ID : 68DDC419C0069406			
V	Occupation			
Vestavia AL 35243-2929	Physician			
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month, day, year)	Amount
			aay, you.,	
Occupation				
	Cooupanon			
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount
L. FOLL NAME, MAILING ADDRESS AND ZIF GODE	Name of Employer		day, year)	
Occupation				
SIGNATURE (optional)		DATE 07/11/2014		information contact:
Jon Jones	[Electronically Filed] 07/11/2014		Federal Election Commission 999 E Street, NW, Washington, DC 20463	
				-9530, Local 202-694-1100



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